



How BC PharmaCare Supports the Most Patients

B.C.'s public drug insurance program helps residents pay for certain medications and medical devices and supplies. But how much can PharmaCare help? Sometimes it pays the full cost, sometimes it pays part. Most of the time, coverage is automatic, sometimes it needs to be requested.

"Coverage depends on a complex equation of a patient's clinical needs, financial resources, whether a similar medication is available for less – or the same medication in the case of generics – and PharmaCare's prerogative to spend wisely so that the program can endure," says John Capelli, executive director of pharmaceutical policy, legislation and engagement in the Ministry of Health's Pharmaceutical, Laboratory and Blood Services Division. "It's a fascinating balancing act that produces innovative coverage policies and creative programs."

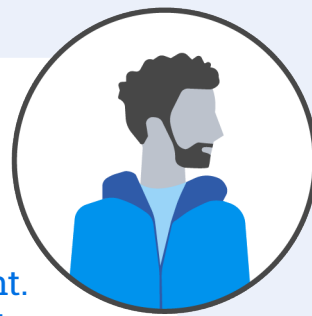
What follows are some of the strategies to maximize the provincial funding and benefit more British Columbians by getting the right drugs into the most hands.

Four Types of Benefits

Regular Benefit

The most commonly prescribed and inexpensive drugs are usually "fully covered." This means PharmaCare will pay up to a set amount (known as eligible drug costs). Why doesn't PharmaCare pay the entire bill? That's because pharmacies, as private businesses, can set the price they want for the drugs sold at their store.

For 100 10mg tablets of the hypertension drug ramipril, PharmaCare pays a maximum of \$11.17. Ted* has met his Fair PharmaCare family maximum for the year, so he gets 100% coverage of eligible drug costs. He calls a few pharmacies. Pharmacy A charges \$16 for his 100-tablet fill, so Ted would have to pay \$4.83 out-of-pocket. Pharmacy B charges \$11.00. Ted walks the extra five minutes to Pharmacy B. He pays nothing for his prescription. PharmaCare covers the full amount. Note: For people on 100% coverage plans (e.g., Plan G (Psychiatric Medications), Plan C (Recipients of Income Assistance)), pharmacies cannot charge more than PharmaCare's maximum.



Partial Benefit

Some benefits are only partially covered. This is because cheaper yet equally effective and safe treatments are available. PharmaCare's partial benefits fall into two programs.

Low Cost Alternative program: Drugs are grouped by strength and formulation (active ingredients). PharmaCare sets a maximum price for each group that it will cover. Each group includes at least one generic drug alongside brand-name drugs. The program encourages patients to use generic drugs, which are cheaper yet equally safe and effective.

Anne has been prescribed Fosamax to treat osteoporosis. The pharmacist presents a bill for \$226.95 for 100 10mg tablets. Anne has full coverage through Fair PharmaCare. PharmaCare will cover \$43.08 of the prescription. Anne will have to pay the rest out of pocket. "I could adapt your prescription to a much-cheaper generic version," the pharmacist tells Anne. "It works just as well. The only difference is colour and shape." The generic rings up at \$63.00. Anne only pays \$19.92.



Reference Drug Program: Drugs are grouped according to the condition they treat. As with the Low Cost Alternative program, a maximum price is set for each group. The program encourages the use of less expensive, first-line therapies (best initial treatment of a condition).

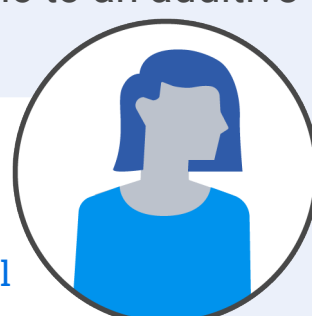
Jamal is prescribed his first hypertension drug. It is partly covered and has both an angiotensin receptor blocker (ARB) and a calcium channel blocker (CCB). Jamal mentions that cost is an issue. The physician checks PharmaCare's online Formulary Search. A hypertension drug with an ARB and no CCB is fully covered. Like most people with high blood pressure, Jamal likely won't need a CCB; an ARB will be adequate. The physician prescribes the less expensive hypertension drug.



Limited coverage - Special Authority

While most benefits are automatically covered at the pharmacy till, some need pre-approval. This makes sure that more expensive drugs are not prescribed unnecessarily. Through Special Authority, a patient can get a limited coverage drug covered for them. Perhaps the patient is allergic to an additive in a generic product, or a first-line treatment was not successful.

Kieran's pain is not treated by regular codeine. Because she has a specific chronic pain diagnosis, she is eligible for full coverage of (more expensive) sustained-release (SR) codeine. Her primary care provider submits a request for Special Authority coverage, giving details about Kieran's chronic pain diagnosis and treatments she has tried so far. The request is approved. Kieran has full coverage for SR codeine.



Non-Benefit

Not covered. Either PharmaCare reviewed the drug and decided not to cover it (see [article 2](#) in this series), or the manufacturer never submitted a coverage request. In rare events, a prescriber can apply for coverage of a non-benefit.

PharmaCare will help B.C. residents pay for the Dexcom G6 continuous glucose monitor (CGM), but decided not to cover the Freestyle Libre flash glucose monitor (FGM). The ministry review found that glucose monitoring technologies add no clinical benefits compared to fingerpick blood glucose tests. For this reason, funding was put toward the most cost-effective option. The Freestyle Libre FGM is a non-benefit.

Other Innovative Policies

Maximum Dispensing Fee

Pharmacists charge a fee for preparing a prescription, on top of the drug price. Dispensing fees in B.C. run from less than \$5 at some pharmacies to over \$12. PharmaCare covers up to \$10.

» Kieran has full coverage through Fair PharmCare. She fills her SR codeine prescription at Pharmacy A. Pharmacy A charges \$12 to dispense. Kieran pays the extra \$2 out-of-pocket. Next fill, she goes to Pharmacy B, which charges \$7 to dispense, and pays nothing for the fill.

Full Payment Policy

Several PharmaCare plans always cover the entire eligible pharmacy drug costs. In these cases, the pharmacy, as an enrolled PharmaCare provider, can only charge up to PharmaCare's limits for certain drugs (and no more than \$10 to dispense). The plans include Plan C, Plan G and Plan W (First Nations Health Benefits).

» Aidan and his friend both have prescriptions for a common antibiotic. PharmaCare covers a maximum of 11 cents per tablet. His friend has no PharmaCare coverage and pays \$15 for 100 tablets (or 15 cents per tablet). Aidan was automatically enrolled in Plan C when he started receiving income assistance. The pharmacy can only charge \$11 for 100 tablets. PharmaCare pays Aidan's full bill.

Rural Incentive Program

To help make sure every B.C. resident has access to pharmacy services, PharmaCare subsidizes rural pharmacies that have fewer than 1,700 paid claims each month. The subsidy helps pharmacies remain in business in rural areas, where client numbers are low. The nearest pharmacy must be more than 25 kilometres away or require a ferry ride. The subsidy ranges from \$3 to \$10.50 per claim. The fewer the claims, the higher the subsidy per claim.



* Patients referenced in this article are fictional, but provide examples of everyday users of PharmaCare.

Learn more

Visit the Ministry of Health's website to learn more about [PharmaCare for B.C. Residents](#).

This is the third installment of a series exploring BC PharmaCare. The series has highlighted [how the different PharmaCare plans help British Columbians](#) and [how PharmaCare decides which drugs to cover](#). In our next edition we will explore how PharmaNet – the provincewide network linking B.C. pharmacies to a central data system – connects patients to prescribers, pharmacists and other essential partners.